

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-S9141D

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			1			
3			2			
4			3			
5			4			
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47			46			
48			47			
49			48			
50			49			
TOTAL IND.	2		2			
TOTAL DEP.	11	←	12	←	13	←
TOTAL CLAIMS	19	[REDACTED]	14	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.		↓			↓	↓
TOTAL CLAIMS						